

FLOYD COUNTY BOARD OF EDUCATION OFFICE OF THE SUPERINTENDENT

106 North Front Avenue Prestonsburg, Kentucky 41653 Telephone (606) 886-2354 Fax (606) 886-8862 Jeff Stumbo, Chair (District 3)
Dr. Chandra Varia, Vice Chair (District 2)
E. Martin "Mickey" McGuire, Member (District 1)
Carol Stumbo, Member (District 4)
Sherry Robinson, Member (District 5)

DOCKET FILE COPY ORIGINAL

RECEIVED & INSPECTED

June 7, 2006

Federal Communications Commission Office of the Secretary Room TW-A325 445-12th Street, SW Washington, DC 20554

FCC - MAILROOM

JUN 1 2 2006

CC Docket NO. 02-6

RE: REQUEST FOR REVIEW OF SLD DECISION - Dated April 19, 2006

Contact Person: Debbie Dixon

106 North Front Ave. Prestonsburg, Ky 41653

606-886-4509

FUNDING YEAR 7: 07/01/2004 - 06/30/2005

BILLED ENTITY NUMBER 128928

471 APPLICATION # 397569

FRN(s): 1095820, 1095821, 109842, 1095850, 1095865, 1095869, 1095875, 1095880, 1095882,

1095886,

1095891, 1095895, 1095902

SPIN: 143005447 Pomeroy IT

Services Ordered: 5510-48T Switches

Effective Date of Discount: 07/01/2004 Contract Expiration Date: 06/30/2005 Billing Account Number: 6068864509

Funding Commitment Decision: \$14,825.16 for FRN(s) 1095820 through 1095895 and \$114,644.28 for

FRN 1095902

Floyd County Schools requests an appeal of an Invoice Rejection and partial payment to our Vendor Pomeroy IT dated January 30, 2006 (copy attached).

Floyd County Schools requests a review of SLD Decision based on the following reasons:

- 1. We were granted a Funding Commitment on listed services
- 2. A request for cancellation on our Form 500 was submitted before it was processed using the same procedures that we had used successfully in the past
- 3. SLD has no acknowledgement of cancellations on Form 500's (it was understood that SLD received our faxed request since our fax machine confirmed a successful transmission)

No. of Coples rec't 0 List ABODE We had filed a form 500 on June 21, 2005 including service adjustments for Pomeroy identified on pages 20 through 2BB. On July 18, 2005 I received a communication from Tellena Vincent with Client Service Bureau/Problem Resolution Case # 21-281989 requesting information on my Form 500 and Pomeroy's SPIN #. Immediately after the conversation with her, I found it necessary to request a cancellation on the Pomeroy FRN's. I then sent (within 15 minutes of our conversation) a fax to her on our letterhead requesting that items 20 through 2BB be canceled from our Form 500. I have attached a copy of that fax. Because the fax went successfully, I assumed that our request had been received and the requested pages canceled. I then placed an order for the switches we had been given funding commitments for. I had no knowledge that our request had not been processed until our vendor called months later informing me of a partial payment on the invoice with the invoice rejection explanation that the amount requested on invoice was greater than remaining commitment. Had I been given notice that our request had not been processed I would have made other financial arrangements for the services.

When I began the Appeal process to the SLD concerning this matter, I was told by a SLD service representative that the SLD does not have any notification process for receiving requests of this nature. In the past I have been asked by SLD Reps to make such requests via Fax due to time issues as well as having it on our letterhead with a signature and I have done so successfully each time.

We still need these funds for the services that we received a funding commitment for. I am requesting that our original request for cancellation on Items 2O through 2BB on our Form 500 dated July 18, 2005 be granted so that we may receive the discount on these services.

Please find the attached copies of the Form 500, the cancellation request, and the Pomeroy invoices with rejections explanation.

Thank you.

Debbie Dixon, Network Services

Floyd County Schools 106 North Front Ave

IL L

Prestonsburg, KY 41653

606-886-4509 desk - 606-886-9669 fax

Debbie.Dixon@floyd.kyschools.us

Floyd County Board of Education

Fax Transmittal Form

To Tellena Vinant From

Debbie Dixon, Technology Services

Name:

Organization Name/Dept:

CC:

Phone number:

568-116-8734 Urgent

For Review

Phone: 606-886-4509

Fax: 606-886-9669

Email: ddixon@floyd.k12.ky.us

Date sent: 7-78-05

Number of pages including cover page:2

Please Comment

Message:

Peneroz, Please Canal ems 20 thru 2BB on run Form 500.

Floyd County Schools

106 North Front Avenue Prestonsburg, Ky 41653 Phone: 606-886-4509 Fax: 606-886-9669

Floyd

Emall:

ddlxon@floyd.k12.ky.us

Billed Entity Name Floyd County Schools Contact Name Oebbic Vixon		
Billed Entity Number 128928	•	Number <u>(406-886-4509</u>
	ll in one Block 2 for EACH Funding 2, please number your pages 2A, 2B,	
6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.		
The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.		
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(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
Please Reduce	\$ 14,825. W	Ja 2,294.70

Billed Entity Name Floyd Cour	ty Schools Contact Name 1	ebbic Dixon	
Billed Entity Number 138938		Number <u>60 6886-4509</u>	
Block 2: Services Adjustment: Fill are submitting more than one Block space provided here: Page 2 2 P	ll in one Block 2 for EACH Funding 2, please number your pages 2A, 2B,	Request (FRN) affected. If you 2C, etc. and write the number in the	
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Please Reduce	\$ 14,825.16	\$ 2,294.70	

Billed Entity Name Floyd Coun	ty Schools Contact Name 0	ebbie Dixon
Billed Entity Number 124928	Contact Telephone	Number 6864509
Block 2: Services Adjustment: Fil are submitting more than one Block 2: space provided here: Page 2 2 3 6	ll in one Block 2 for EACH Funding 2, please number your pages 2A, 2B,	Request (FRN) affected. If you 2C, etc. and write the number in the
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Billed Entity Number 128925	Contact Telephone	Number <u>(106864509</u>
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(D) Service Provider Name (require	d): Pomeroy IT	
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Billed Entity Name Floyd Courty Schools Contact Name Debbie Dixon		
Billed Entity Number 128928	Contact Telephone	Number 406 886 4509
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Billed Entity Name Floyd County Schools Contact Name Ochbie Uixon		
Billed Entity Number 128928	Contact Telephone	Number 1006-886-4809
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(E) Service Provider SPIN (required): 143605447		
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(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
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Billed Entity Name Floyd Cou	unity Schools Contact Name 0	lebbie Dixon
Billed Entity Number 12892	Contact Telephone	Number <u>(186-886-4509</u>
are submitting more than one Block space provided here: Page 2 2	ll in one Block 2 for EACH Funding 2, please number your pages 2A, 2B,	2C, etc. and write the number in the
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(E) Service Provider SPIN (required): 143005447		
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Please Reduce	\$14,8a5.14	\$2,294.70

Billed Entity Name Floyd Cow	Contact Name C	lebbie Dixon
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Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
Please Reduce	#14.8a5.14	\$2,294.10
Page 2 of 2	· · · · · · · · · · · · · · · · · · ·	ECC Form 500 April 2000

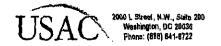
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Billed Entity Number 128925	1	Number <u>606 - 886 4509</u>
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(D) Service Provider Name (require		
(E) Service Provider SPIN (required): 143005447		
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(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
Please Reduce	\$ 14,825.76	\$ 2,294.70

Billed Entity Name Floyd Cou	ndy Schools Contact Name D	rebbie Dixon
Billed Entity Number 126928	4	Number <u>(006-884-4509</u>
	ll in one Block 2 for EACH Funding	
	2, please number your pages 2A, 2B,	2C, etc. and write the number in the
space provided here: Page 2 24		
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· ·	If you wish to change the ending date for	•
=	ould combine it with a reduction in fundir	
•	el a Funding Request Number. Please no	
	ated later. This action would allow mone	y to be put back into the Universal
_	e commitment to other applicants. ce the amount of your funding commitments	ent for a particular FRN. This action is
	can NOT be increased later. This action	
	nd for possible commitment to other appli	
	in your Funding Commitment Decision L	etter (FCDL) pertaining to the Funding
Request (FRN) being affected.		
To launch the submission of invoices fo	or payment, please file Form 486.	
	ICATION OF THE FRN TO BE A	DJUSTED
(A) Form 471 Application Number (required): 397569		
(B) Funding Request Number (requ		
(C) Billing Account Number (required, if contained in your FCDL): (a) 8864609		
(D) Service Provider Name (require	d): Pomery IT	
(E) Service Provider SPIN (required	1): 143005447	
	USTMENT TO FRN LISTED ABO	<u> </u>
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
		\$0.00
Please Cancel		
(I) Reduce FRN	Original Commitment Amount	New Commitment Amount
	from FCDL:	AFTER Reduction:
	\$ 14,825.76	\$ 2,294.70
Please Reduce		A O TO

Billed Entity Name Floyd Cou	nty Schools Contact Name 0	ebbi- Dixon
Billed Entity Number 12692	Contact Telephone	Number 606-886-4509
are submitting more than one Block space provided here: Page 2 22	······································	2C, etc. and write the number in the
6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.		
The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.		
To launch the submission of invoices for	ICATION OF THE FRN TO BE A	DIECTED
		DJUSTED
(A) Form 471 Application Number (required): 391519 (B) Funding Request Number (required): 1095850		
(B) Funding Request Number (required): 1096850 (C) Billing Account Number (required, if contained in your FCDL): (こ)に 8844509		
(D) Service Provider Name (require	d): Domovsky TT	0100-100
(E) Service Provider SPIN (required): 14300 5447		
ADJUSTMENT TO FRN LISTED ABOVE:		
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
Please Reduce	# 14,825.14	\$ 2,294,70

Billed Entity Name Flord Cou	Lindy Schools Contact Name (lebbie Dixon		
Billed Entity Number 128928	V	Number (00/088/64509		
Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2AA				
6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.				
The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.				
To launch the submission of invoices fo	or payment, please file Form 486. ICATION OF THE FRN TO BE A	DHICTED		
(A) Form 471 Application Number		DJUSTED		
(B) Funding Request Number (requ				
(C) Billing Account Number (require	red, if contained in your FCDL): 67	68864509		
(D) Service Provider Name (require	d): Pomeroy IT			
(E) Service Provider SPIN (required	1): 14300 5447			
ADI	USTMENT TO FRN LISTED ABO	NV/10.		
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):		
Change Date	original Data (min da yyyy).	Thew Date (Innib day yyyy).		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):		
Change Date				
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:		
Please Cancel		\$0.00		
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:		
Please Reduce	\$ 14,8a5.16	\$ 2,294.70		

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon			
Billed Entity Number 128928 Contact Telephone Number 606.886 4509			
Block 2: Services Adjustment: Fi	ll in one Block 2 for EACH Fundin	g Request (FRN) affected. If you	
_		2C, etc. and write the number in the	
space provided here: Page 2 26			
	about each service cited in your Form 47	1 Block 5, Discount Funding Request,	
[FRN] for which you want to take of			
Remember: The FRNs listed on t	this form must be for the same Fundin	g Year as listed in Item 3, Block 1.	
New Start Date: If you wish	to change the Funding Year Service Sta	rt Date you listed on a previously filed	
	g year. This action will NOT result in m		
Contract Expiration Date:	If you wish to change the ending date for	r services. This action will not result in	
	ould combine it with a reduction in fundi		
	el a Funding Request Number. Please n	~	
	ated later. This action would allow mone		
	e commitment to other applicants.	, , , , , , , , , , , , , , , , , , ,	
	ce the amount of your funding commitm	ent for a particular FRN. This action is	
		would allow money to be put back into	
	nd for possible commitment to other app		
	ad for possible communion to other app	nounts.	
The information required can be found	in vour Funding Commitment Decision 1	Letter (FCDL) pertaining to the Funding	
Request (FRN) being affected.	ary our runding committee prototon r	series (1 022) pertaining to the 1 anding	
reduces (r rati) comb arrector.			
To launch the submission of invoices for	r payment, please file Form 486.		
	ICATION OF THE FRN TO BE A	DHISTED	
		DJUSTED	
(A) Form 471 Application Number			
(B) Funding Request Number (requ			
(C) Billing Account Number (require	red, if contained in your FCDL): 60	068864509	
(D) Service Provider Name (require	d): Pomeroy IT		
(E) Service Provider SPIN (required	1): 14300 5447		
	- 1 . 7 0 0 0		
ADJ	USTMENT TO FRN LISTED ABO	OVE:	
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date			
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
(G) Contract Expiration Date	Original Date (mill/dd/yyyy).	New Date (him/dd/yyyy).	
Change Date			
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
		\$0.00	
☐ Please Cancel			
(I) Reduce FRN	Original Commitment Amount	New Commitment Amount	
(1) Reduce PRO		1	
	from FCDL:	AFTER Reduction:	
	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A10 100 25	
Please Reduce	\$ 114,644.28	\$ 13,768.20	
	11 11 51-11 010	,	
The definition of the following control of the cont		4	



JANUARY 30, 2006

POMEROY IT SOLUTIONS
John Cruse
1020 Petersberg Rd
Hebron, KY 41048

SPIN: CHECK DATE: CHECK NUMBER: CHECK AMOUNT:

143005447 01/30/06 0160196058 \$41,304.60

PAGE:

1 OF 1

DATE	USAC REF. NUMBER	SUPPORT MECHANISM	GROSS AMOUNT	DISCOUNT	NET AMOUNT
01/26/06	C000228954	SL - SEE REMITTANCE STMT	\$41,304.60	\$0.00	\$41,304.60
					, 1
					· ·
	TOTAL		\$41,304.60	\$0.00	\$41,304.60

SPIN - Service Provider Identification Number; Date - Date Processed By USAC; USAC Ref. Number - USAC Reference Number; Support Mechanism - Universal Service Support Mechanism; Gross Amount - See Net Amount; Discount - N/A; Net Amount - Your Payment Amount

2000 L Street, N.W., Suite 200 Washington, DC 20036 Phone: (888) 641-6722

THIS CHECK IS PRINTED ON A BLUE BACKGROUND

0160196058 JANUARY 30, 2006

Pay To The Order Of: POMERDY IT SOLUTIONS ATTN: John Cruse

VOID AFTER 180 DAYS

70-2302/719

Amount: FORTY DNE THOUSAND THREE HUNDRED FOUR DOLLARS AND 60/100

T PLEASE FOLD ON PERFORATION AND DETACH HERE. T-

LASALLE BANK N.A. CHICAGO, ILLINOIS EDGOS

Authorized Signature

an contactive with 14 530 55%

55900456951

0143005447 0001 P01 BP0 1N0000 ML1 IH0000 AL01

Pomeroy IT Solutions ATTN: John Cruse 1020 Petersberg Rd Bebron RY 41048

SPIN # 143005447 USAC REFERENCE # C000228954

STATEMENT DATE 01/26/2006

	2065.23
01/26/2006 143005447 1095820 LTFLOYD-11 SLD Invoice Number:623804; Line Item Detail Number: 2250456; Amount Requested:2065.23;	
2250456;Amount Adjusted 01/26/2006 143005447 1095821	2065.23
2250457; Amount Requested: 2065.23;	2065.23
01/26/2006 143005447 1095842 LTFLOYD-11 SID Invoice Number: 623804; Line Item Detail Number: 2250458; Amount Requested: 2065.23;	
01/26/2006 143005447 1095850	2065.23
2250459;Amount Requested: 2065.23;	2065.23
01/26/2006 143005447 1095865 LTFLOXD-11 SLD Invoice Number:623804; Line Item Detail Number: 2250460; Amount Requested:2065.23;	
01/26/2006 143005447 1095869	2065.23
2250461; Amount Requested. 1991	2065.23
01/26/2006 143005447 1095875 LTFLOYD-11 SLD Invoice Number: 623804; Line Item Detail Number: 2250462; Amount Requested: 2065.23;	
01/26/2006 143005447 1095880	2065.23
2250464; Amount Raquestat.	2065.23
01/26/2006 143005447 1095882 LTFLOYD-11 SID Invoice Number: 623804; Line Item Detail Number: 2250465; Amount Requested: 2065.23;	-0.CF 73
01/26/2006 143005447 1095886 LTFLOYD-11 SLD Invoice Number: 623804; Line Item Detail Number: 2250466; Amount Requested: 2065.23;	2065.23
01/26/2006 143005447 1095891 ITFLOYD-11 SLD Invoice Number: 623804; Line Item Detail Number: 2250467; Amount Requested: 2065.23;	2065.23

Direct questions to USAC Customer Service Bureau 888-641-8722 PG 1 OF 3

0143005447 0002 PKK BPC 1N0000 ML1 IH0000 01/26/2006 143005447 1095895 LTFLOYD-11 SLD Invoice Number:623804;Line Item Detail Number: 2250469;Amount Requested:2065.23;	2065.23
01/26/2006 143005447 1095902 LTFLOYD-11 SLD Invoice Number: 623804; Line Item Detail Number: 2250470; Amount Requested: 12284.78;	1.2284.78
01/26/2006 143005447 1095820 LTFLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250621; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095821 LTFLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250622; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095842 LTFLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250629; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095850 LTFLOYD-12 SID Invoice Number: 623886; Line Item Detail Number: 2250630; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095865 LTWLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250635; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095869 LTFLOYD-12 SLD Invoice Number:623886; Line Item Detail Number: 2250639; amount Requested:2065.23; Partial Paymnt,	229.47
01/26/2006 143005447 1095875 LTFLOYD-12 SLD Invoice Number:623886; Line Item Detail Number: 2250662; Amount Requested:2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	· 229.47
01/26/2006 143005447 1095880 LTFLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250669; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095882 LTFLOYD-12 SLD Invoice Number:623886; Line Item Detail Number: 2250684; Amount Requested:2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095886 LTFLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250685; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095891 LTFLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250686; Amount Requested: 2065.23; Partial Paymnt, Inv > Remaining Commitment; 1201;	229.47
01/26/2006 143005447 1095895 LTFLOYD-12 SLD Invoice Number: 623886; Line Item Detail Number: 2250687; Amount Requested: 2065.23; Partial Paymnt,	229.47

Direct questions to USAC Customer Service Bureau 888-641-8722 PG 2 OF 3

0143005447 0003 PXX BPO 1N0000 ML1 IH0000

Inv > Remaining Commitment;1201;

01/26/2006 143005447 1095902 LTFLOYD-12

SLD Invoice Number:623886;Line Item Detail Number:

2250688;Amount Requested:13204.13;Partial Paymnt,

Inv > Remaining Commitment;1201;

41304.60



7005 1820 0007 8696 5170





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